

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS.

State Index No. 317 270  
Co. Register No. 176  
Local Registrar's No. \_\_\_\_\_

**PLACE OF BIRTH**  
County of Yuma  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Yuma

**ORIGINAL CERTIFICATE OF BIRTH.**  
(No. 141 N. Main St; 1 Ward)

FULL NAME OF CHILD Campbell } Born } YES  
} Alive } ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <u>Single</u>	and	Number in order of birth <u>1</u>	Legitimate <u>Yes</u>	Date of Birth <u>Oct 10</u> 191 <u>3</u> (Month) (Day) (yr.)
FATHER			MOTHER		
Full Name <u>John B. T. Campbell</u>			Full Maiden Name <u>Flourne Fish</u>		
Residence <u>Los Angeles Calif.</u>			Residence <u>Los Angeles Calif.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>33</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	
Birthplace <u>Calif.</u>			Birthplace <u>Yuma Ariz.</u>		
Occupation <u>Editor</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Oct 10 1913, at 9 A. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Ala. Orest

(Attending physician, midwife, householder.)

Given or christian name added from a

Address Yuma Ariz.

supplemental report \_\_\_\_\_ 191\_\_

Filed 10/15 1913

Filed 10/31 1913

A True Copy

LOCAL REGISTRAR

COUNTY REGISTRAR

133-1010-668  
COUNTY REGISTRAR